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ABSTRACT

The position paper delineates the strengths and weaknesses of the resource consultant in serving mildly behaviorally impaired students in rural areas. Three models of consultation (purchase of expertise, doctor-patient, and process models) are described and advantages of each for classroom teachers are noted. Ways to increase the utilization of the resource consultant model focus on administrative policies and support, adequate personnel training, and evaluation of the model's use and effectiveness. Reactions by teachers and administrators conclude the report. (CL)

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A Support System for Services for Behaviorally Impaired

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Table of Contents

Resource Consultant as Service Provider
to Behaviorally Impaired Students in Rural Areas

Serving the Behaviorally Impaired in Rural Schools.....1
Resource Teacher Consultation Models.....4
The Purchase of Expertise Model.....4
Doctor-Patient Model.....5
The Process Model.....6
Implementation of the Resource Consultant Model
in Rural Behaviorally Impaired Programs.....9
Administrative Policies and Support.....9
Training Personnel Involved.....11
Inservice Training.....11
Consultation.....12
Demonstration Teaching.....13
Evaluation of the Resource Consultant Model.....13
Summary.....14
References.....16

A Series of Reactions:

Vivian Elliott, Teacher, Panhandle Mental Health Center,
Scottsbluff, Nebraska.....17

Jackie Kelsey, Behavior Strategist,
North Platte Public Schools, North Platte, Nebraska.....19

Deborah Maybry-Strong, Teacher,
Lincoln Public Schools, Lincoln, Nebraska.....20

Carol McClain, Director of Special Programs,
Beatrice Public Schools, Beatrice, Nebraska.....20

Georgia McQuistan, Resource Teacher,
Educational Service Unit #1, Wakefield, Nebraska.....22

Dr. Phil Meager, Principal,
Milford Elementary, Milford, Nebraska.....23

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Resource Consultant as Service Provider To Behaviorally Impaired Students in Rural Areas

Stanley F. Vasa

The delivery of service to handicapped students in rural areas has caused many concerns for school administrators and special educators alike. The issues which confront special education in rural areas are unique because of their geographical and human programming problems. Difficulties in recruiting and retaining qualified staff, inadequacies in funding, lack of provisions for staff development and resistance to change (Helge, 1980) are concerns cited in the literature regarding delivery of services to handicapped students in rural areas. Other cited concerns include minimal curricular offerings and nonflexible school schedules, need for cooperation of many communities to provide educational programs to students, teacher reluctance to take on extra duties, staff turnover and lack of teacher contact with other teachers in the same field (Witters, Vasa, 1981).

In a report to Congress (Progress Toward a Free Appropriate Public Education, 1979), the state of programming for the handicapped is described as being inadequate in rural areas. Provision for an appropriate comprehensive service to a population as diverse as the handicapped present in rural areas is an enormous administrative and educational challenge to already overburdened school personnel. A comprehensive program provides for preventative services, identification of children who are handicapped, direction to service providers to meet unique needs of students, sensory aids, special assistance in obtaining an education, family counseling and training, special training in mobility, vocational training and job placement, recreation and social activities, personal care, transportation and indirect supportive service. The problem confronting rural schools in accomodating the mildly behaviorally disordered student is to design a program which can cope with the many problems which are unique to rural schools.

Rural is defined by the U.S. Census Bureau (1976) as any city which has fewer than 25,000 population. This definition of rural would be too broad for most states. A majority of the schools in rural states would be in communities with less than 25,000 population. For this paper, rural will be defined in terms of school districts which serve fewer than 500 students.

Serving the Behaviorally Impaired in Rural Schools

One delivery system which attempts to cope with the unique problems of rural areas is the resource consultant model. A resource model is a school operation in which a person has the responsibility of providing supportive educationally related services to children and/or to their teachers (Wiederholt, Hammill, and Brown, 1978). The resource consultant is the key individual in the model. The resource consultant provides both

direct intervention assistance to behaviorally impaired students and indirect service, such as, consultation with regular classroom teachers. The resource consultant must have broad-based training and expertise in behavioral and instructional interventions as well as skills in working with teachers, parents, aides and other school personnel. The need for diverse training is based on the premise that in rural schools resource consultants will need to serve other populations of handicapped students in addition to the behaviorally impaired. Commonly, the resource consultant will be called upon to serve mildly mentally retarded and specific learning disabled students. Hallahan and Kaufman (1979) have noted that the presenting problems of mildly handicapped students--behaviorally impaired, specific learning disabled, and mentally retarded--do not differ significantly.

The resource consultant may be based in one school building or several buildings or districts on an itinerant basis. Resource consultants working on an itinerant basis are usually employed by rural cooperatives, intermediate educational agencies, or multiple school districts where student populations do not warrant a full-time teacher.

The special education resource consultant model for serving behaviorally impaired students has a number of advantages in rural areas. The model's advantages are that it:

**reduces the problems stemming from the low prevalence of students with behavioral disorders, geographic isolation and the financing of support agencies by allowing the special education personnel to serve more students in a larger geographic area than would be possible under the traditional self-contained educational model;

**provides expertise to more than one school district through the use of itinerant teachers who may serve in a number of school buildings on a part-time basis;

**provides the opportunity for inservice training and professional development of regular teaching staff;

**provides services in the "least restrictive" environment for mildly behaviorally impaired students in the school they would regularly attend;

**reduces transportation and coordination costs by bringing the program to the students rather than the students to the program;

**provides additional resources to the school;

**provides a staff member trained to work with individual and groups of parents; and

**retains the integrity of the local districts allowing curriculum and other school policy decisions to be made at the local level.

The resource consultant model is not without disadvantages for providing services to behaviorally impaired students on an itinerant basis. Some of these disadvantages are that it:

**does not replace more intensive services for more severely behaviorally impaired students, although the resource teacher may serve as a member of the referral/diagnostic team;

**may not provide the continuity or array of service which some behaviorally impaired students need;

**is dependent on the acceptance by the school administration and regular classroom teachers who provide services to the behaviorally impaired student;

**may view the resource consultant, particularly if working on an itinerant basis, as an outside person making suggestions;

**may not have the resource consultant available in emergency situations;

**may require more time in travel for the resource consultant from school to school than in providing service to teachers and students; and

**provides the resource consultant to serve as a referral agent; however, the model does not provide medical, psychiatric and other types of related services sometimes desirable.

Since the key difference between the delivery of service to behaviorally impaired students in self-contained special education settings and the services provided by the special education resource consultant is the support provided to the classroom teachers, there is a need to look carefully at the factors affecting the implementation of the resource consultation model.

The consultation function of the resource consultant has recently been under close scrutiny in the literature (Evans, 1980; Sargent, 1981; Zabel, Peterson, Smith & White, 1981). In the above studies, it was found that the mean percentage of time devoted to consultation with regular classroom teachers was less than eight percent. Although reasons for the minimal use of consultation have not been pinpointed in the literature, hypotheses for this lack of interest include: teachers' and administrators' insecurity in providing service to behaviorally impaired students, reliance on the traditional direct service delivery model in rural schools and a lack of adequate training for resource teachers in utilizing the consultation model.

In this position paper, the strengths and constraints of the consultation function of the resource consultation model for serving mildly behaviorally impaired students will be explored further, including a discussion of three common consultation models and suggestions for the implementation of the model in rural school settings.

Resource Teacher Consultation Models

Three commonly described models of consultation are purchase of expertise, doctor-patient and process (Schein, 1979). These three models all have a bearing on how the consultant views the classroom teachers and their ability to resolve classroom issues or problems. The model of consultation employed by the resource consultant will greatly influence the amount of responsibility for students taken by the classroom teacher. Each of the three models is briefly described with assumptions, advantages and disadvantages.

The Purchase of Expertise Model

The purchase of expertise model is probably the most widely employed model of consultation utilized by resource consultants. The resource consultant is seen as an expert who can offer knowledge and information which the classroom teachers do not possess. The classroom teachers seek suggestions and intervention strategies to be employed with a behaviorally impaired student in their classroom, and the resource consultant provides the information or provides the necessary intervention. The classroom teacher is in effect purchasing information from the resource consultant.

An assumption made about the purchase of expertise model is that the resource consultant is sufficiently knowledgeable about the classroom environment, the students in question, and the skills to provide specific directions. Additionally, an assumption is made that the classroom teacher is capable of carrying out the intervention strategies and will be able to make adjustments in the strategies as needed.

Some of the advantages for the purchase of expertise model are:

**resource consultants can work with greater numbers of students by providing strategies to classroom teachers;

**fewer highly-trained specialists are needed; therefore, expertise can be more readily spread out in a rural area;

**teachers are provided with inservice training through the employment of appropriate intervention strategies; and

**students benefit from being mainstreamed in the classroom and involved with their peers.

Commonly cited disadvantages are:

**classroom teachers may not take responsibility for the behaviorally impaired student but see the student as the responsibility of the resource teacher;

**classroom teachers may be incapable of implementing new strategies;

**classroom teachers may not be able to generalize strategies to other situations or develop new strategies;

**resource teachers may not be available when difficulties in

implementing the strategies are experienced by the classroom teachers;

**classroom teachers may become overly dependent upon the expertise of the resource consultant;

**resource consultants may not have the expertise in their widely diverse scope of working with behaviorally impaired students;

**students may not be receiving the most appropriate instruction;

**classroom teachers may not consistently follow through with recommendations of the resource consultant; and

**the expertise leaves the school system if the school loses the services of the resource consultant.

Doctor-Patient Model

The doctor-patient model is the second most widely employed model of consultation. This model is characterized by the consultant questioning the classroom teacher about the variables in the classroom, the student's behavior, classroom structure, instructional techniques tried, parents' interest, the student's willingness to cooperate, other students' reactions to the behaviorally impaired student, academic performance of the student, etc. Based on the response to the questions asked of the regular classroom teacher, the resource consultant makes recommendations about the strategies and interventions to be employed.

The assumptions underlying this model are that: (1) the resource consultant knows what questions to ask; (2) the classroom teacher is giving accurate information; (3) the resource consultant has a sufficient repertoire of suggestions for the classroom teacher to employ. As in the purchase of expertise model, it is assumed that the classroom teacher will be able to carry out the suggestions and recommendations of the resource teacher.

The advantages to the doctor-patient model for the classroom teacher and the behaviorally impaired students are:

**classroom teachers can receive assistance in dealing with problems in the classroom;

**classroom teachers may learn the type of information needed for the resource consultant to be of assistance;

**classroom teachers may be able to accomodate mildly-moderately behaviorally impaired students in the classroom;

**resource consultant can serve the classroom teacher with more accurate information;

**resource consultant usually is able to provide more appropriate intervention strategies;

**resource consultant can serve a greater population of the behaviorally impaired students; and

**classroom teachers may feel more secure.

Many of the same disadvantages plague the doctor-patient model which influence the purchase of expertise model. Some of the disadvantages include:

**classroom teacher relies on the resource consultant for answers to problems;

**classroom teacher has a limited array of intervention strategies;

**classroom teacher's opportunities for additional learning may be limited;

**classroom teacher is often unwilling to accept responsibility for implementing strategies;

**classroom teacher may potentially be unable to carry out the strategy;

**amount of time and energy invested by the resource consultant is considerable;

**resource consultant may be unavailable when needed; and

**suggestions for change in the classroom teacher's methods come from outside the school.

The Process Model

The first two models place the major responsibility for decision making on the resource consultant. The resource consultant provides the guidelines for the intervention strategy and the directions for carrying them out in the classroom. The classroom teacher's sole responsibility is to carry out instructions given by the resource consultant. As a result, the classroom teacher may view the intervention and the student as the resource teacher's responsibility. The process model avoids this problem by relying on joint-cooperative decision making. The classroom teacher who has a problem with a behaviorally impaired student seeks assistance for resolution of the problem. The resource consultant and the classroom teacher mutually define the problem, review the constraints of the classroom, generate possible intervention strategies, evaluate the strategies, select a strategy, implement the strategy and evaluate the strategy. The model requires the classroom teacher and the resource consultant to work together in the selection and implementation of behavioral strategies in the classroom.

The assumptions underlying the process model of consultation are that the classroom teacher is capable of making decisions about behaviorally impaired students and is able to carry them out. The resource consultant's role is transferred from the expertise role to one of joint problem resolver. Another key assumption is that the classroom teacher will be willing to invest the time and energy in problem resolution through the process model.

Advantages of the process model include:

**classroom teacher is part

of the decision-making process.

**classroom teacher has an investment in the success of the intervention;

**classroom teacher will learn a problem-solving model in working through situations which may carry over to other concerns;

**classroom teacher is expanding his/her repertoire of strategies to employ with all students;

**resource consultant may place more responsibility on the classroom teacher for the success of the strategy;

**resource consultant will probably need to follow up the intervention less frequently; and

**expertise of the classroom teacher is combined with the resource teacher's expertise.

Disadvantages of the process model also affect the possible acceptance and successful employment of the methods. Some of these disadvantages include:

**availability of time for the classroom teacher and the consultant to meet;

**willingness of the classroom teacher to be a partner in sharing the responsibility for the strategies employed;

**classroom teacher's willingness to be involved in a relatively time-consuming process which is less direct than the other two models;

**classroom teacher's difficulty in learning to participate in the process model; and

**classroom teacher's disequilibrium experienced in using the model.

All three of the consultation models have strengths, and all are probably employed at one time or another by resource consultants. The choice of consultation model can influence how inservice and staff development will take place in the rural schools. The process model provides one of the more effective means of working with individual school staff members. Since the process model requires the classroom teacher and the resource consultant to focus on a specific problem and to mutually discuss the different strategies which may be employed to intervene with the problem, the classroom teacher is being rewarded for accurately observing or delineating a problem and for making suggestions.

The purchase of expertise and doctor-patient models are also employed effectively to respond to specific questions and to provide resources and information which the classroom teacher may not have. The key elements in consultation are the involvement of the classroom teacher in the decision-making process and the provision of opportunities for using problem-solving models.

Figure 1

Role of the Resource Consultant with Behaviorally Impaired Students

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Resource teacher will:

1. assist in the identification of the behaviorally impaired student;

2. assist in the identification of individual needs of behaviorally impaired students;

3. consult with regular classroom teachers about behaviorally impaired students enrolled in regular classrooms;

4. consult with regular classroom teachers about instructional materials and methods appropriate for use in the regular classroom with behaviorally impaired students;

5. consult with parents about educational/behavioral progress;

6. provide inservice education to the faculty and administration on the role of the resource personnel;

7. provide direct instruction and/or counseling to identified students;

8. monitor individual student's progress toward written goals and objectives;

9. evaluate the effectiveness of the program;

10. coordinate the implementation of the goals and objectives of the program; and

11. consult with school administrators regarding program development.

Implementation of the Resource Consultant Model in Rural BI Programs.

As was stated earlier, the use of the resource consultant model for delivery of service to mildly handicapped students has been supported in the literature and in state and Federal legislation. Despite this fact, the model has been underutilized in rural BI programs. The key factor in increasing the utilization of the resource consultant model is the strategy employed in implementing the model in the local school. Three elements are essential to the successful implementation of the model. These include: (1) administrative policies and support of the model; (2) adequate training for personnel involved; (3) evaluation of the model's use and effectiveness.

Administrative Policies and Support.

The effective employment of any of the previously described consultation models will be based upon the willingness of the school district to permit the necessary changes to occur in the school structure. The philosophy of service delivery must be compatible with the special education staff and the instructional staff roles. This philosophy should be operational in the job description of the resource consultant and the classroom teacher, in the school policies on serving behaviorally impaired students, and through administrative support for consultation activities.

The role description of the resource consultant should indicate that individual's role in providing consultation. This job description should be used in selecting teachers for employment and in providing a structure for the training of currently employed resource consultants. The job description in Figure 1 is one which recognizes both the consultation role and the personal and communication skills of the resource consultant.

The role description for the classroom teacher is also very important to the success of programs for the behaviorally impaired students in rural areas. In rural settings, the regular classroom teacher may have to take a greater responsibility for the education of the behaviorally impaired student. Emphasis in the role description should be placed on the teachers' responsibility for the progress of all students enrolled in their classes as well as recognition of their involvement in the consultation process. The expectations of classroom teachers who have behaviorally disordered students enrolled are further delineated into academic and social considerations in Figure 2.

The program may be further supported in written school policies concerning programs for behaviorally impaired students. These policies should indicate support for the provision of services in the least restrictive environment and indicate how these services will be provided through the use of the consultation model.

Administrative support through the provision of adequate

Figure 2

Expectations of Classroom Teachers with Behaviorally Impaired Students Enrolled in Their Classes

Classroom Teacher Expectations

1. The behaviorally impaired student is the joint responsibility of the classroom teacher and the special education resource consultant.
2. The classroom teacher will meet regularly with the special education resource consultant to discuss the performance of the behaviorally impaired student. The frequency of these contacts will be jointly determined.
3. The classroom teacher will be expected to maintain accurate and complete records of the student's performance and progress in the classroom.
4. The classroom teacher will provide course syllabi or objectives for parents and IEP staffing members to review and serve as a guide for developing and monitoring the student's progress.
5. The classroom teacher will become aware of the purpose and philosophy of the program for the behaviorally impaired students.

Academic Considerations

1. The classroom teacher will make an effort to adapt instructional materials to meet the unique needs of the behaviorally impaired student. Modification could include providing alternative ways of evaluating the student's progress.
2. The classroom teacher will use alternative strategies of instruction to meet the needs of the behaviorally impaired student. Examples would include peer tutoring for one-to-one instruction and modifying assignments.
3. The classroom teacher will need to clarify his/her expectations for the student for the respective course.

Social Considerations

1. The classroom teacher will need to be aware of opportunities for the behaviorally impaired student to be accepted by other students.
2. The classroom teacher will need to clarify the classroom rules and regulations for the behaviorally impaired student.
3. The classroom teacher will be aware of the influence of his/her attitudes toward the behaviorally impaired student on the attitudes of other students.
4. The classroom teacher will be aware that his/her attitudes affect the behaviorally impaired student's performance.
5. The classroom teacher will be aware of realistic behaviors and potentiality of the student.

space and the scheduling of sufficient time for consultation is also essential to the successful implementation of the model. Administrative support may also be provided through many less tangible means such as:

**a positive attitude toward the program;

**supportive statements to staff about the model;

**encouragement of the staff to utilize the model;

**support of inservice and professional development for staff in using the model;

**positive public relations concerning the program, e.g., fielding questions about the program and informing the public of the program;

**resolution of the concerns and negative reactions of staff members in a constructive manner; and

**reduction of teacher anxiety about working with mildly behaviorally impaired students.

Training Personnel Involved

The first step in any staff development or training program is the communication of the responsibilities to the parties involved. Acknowledgement of the responsibility of the school staff through the development of role descriptions serves as a basis for the communication of the school staff's role in educating the behaviorally impaired student. Classroom teachers need to be advised of their role and the rationale for the implementation of such a program. Teacher awareness of responsibility is a valuable and an essential initial step, but there will need to be a review of teachers' skills in serving the behaviorally impaired student.

The inventory of teacher skills is most conveniently determined through a needs assessment instrument completed by individual teachers. The instrument should ask teachers about their confidence in performing responsibilities set up for them in serving the behaviorally impaired student. Also, teachers should be polled about their knowledge of the procedures used in the identification of the behaviorally impaired and the current strategies employed in their education.

There are a number of ways of providing support for classroom teachers who have behaviorally impaired students enrolled in their classrooms. In the next sections of the paper, three means of providing support and knowledge needed by classroom teachers will be presented. The three are inservice training, consultation, and demonstration teaching.

Inservice Training. One of the most common means of providing support and knowledge for classroom teachers who serve behaviorally impaired students is through large scale inservice activities. This type of training has, however, been questioned in the literature (Grosenick, and

Huntze, 1980). In their report, Grosenick and Huntze liken much of the inservice provided to classroom teachers as a "dog and pony show" where little follow-up and implementation of the information takes place. However, they summarize the needs of classroom teachers in serving the behaviorally impaired student:

"Inservice is a valuable tool...it is an excellent means for updating and/or "converting" current, experienced staff to providing services to severely behaviorally impaired children and youth," (p. 56)

The key to the success of the large-scale inservice sessions will be the goals and functions of the program to classroom teachers. Topics which would often be included are:

**identification of the behaviorally impaired student,

**role of consultation by the resource consultant in serving the behavioraly impaired student,

**classroom teacher's role in serving the behaviorally impaired student,

**resource teacher consultation model and its application to classroom teachers,

**service delivery models for the behaviorally impaired student, and

**strategies employed in serving the behaviorally impaired student in the classroom.

These topics would serve as a starting point for the staff development program. They would open up questions that individual teachers would have about their own capabilities and the implementation of such a program in their classroom. Large group inservice activities neec to be carefully organized to avoid the "dog and pony show" commonly used, which excites teachers and then offers little or no follow-up support for implementation of the strategies. The key to the success of the large-scale inservice sessions will be the preplanning and post planning of activities to reinforce the implementation of attitudes and skills by the classroom teacher.

Consultation. Individual consultation with classroom teachers is one of the more effective ways of implementing strategies and techniques presented in large-scale inservices. Individual consultation begins when students identified as behaviorally impaired are placed in the classroom. At this point, the classroom teacher will be able to more directly raise questions about interactions with the individual student. The consultation with the resource consultant is helpful in relieving fears and apprehensions of the classroom teacher and support the teacher's skills in establishing guidelines for the orientation of the behaviorally impaired student into the classroom.

The consultation with the classroom teacher continues as needed through communication systems established to check the progress of each student. These

consultation sessions should take place on a regularly scheduled basis to permit the teacher to have a support system for instruction of the student. The communication system for monitoring progress is important in providing information about the effectiveness of the intervention strategies developed jointly by the consultant and the teacher.

Participation by the resource consultant and the classroom teacher in the consultation process can also lead to improved consultation skills on the part of the classroom teacher. The resource consultant has the opportunity to provide support:

**providing guidelines for consultation sessions;

**reinforcing teacher contribution to consultation sessions;

**modeling appropriate consulting behavior;

**utilizing teacher contribution in improving program; and

**establishing realistic goals and expectations for behaviorally impaired students.

Demonstration Teaching. An often overlooked technique for use by resource consultants in assisting regular classroom teachers in serving the behaviorally impaired students is demonstration teaching of suggested strategies. Demonstration teaching is a logical extension of the consultation process. After the resource consultant and the classroom teacher have agreed upon a mutual intervention strategy in the classroom, the teacher may be somewhat apprehensive about how to implement the suggestions into his/her class. Upon the request of the classroom teacher, the resource consultant may take the classroom teacher's class for a period of time while the classroom teacher observes. The purpose is to provide a model for the implementation of agreed upon skills and to support the strategies that the two individuals have mutually acknowledged as being appropriate.

The value of demonstration teaching is in the modeling of appropriate instructional strategies. The process allows for the opportunity for the classroom teacher to observe, critique, and discuss with the consultant techniques being demonstrated. This interaction may provide an incentive for classroom teachers to expand their repertoire of strategies in approaching the behaviorally impaired student. The utilization of demonstration teaching is very dependent upon a positive and professional relationship between the classroom teacher and the resource consultant. The key to the success of the strategy lies with the resource teachers ability to effectively model appropriate practices and to effectively communicate with the classroom teacher.

Evaluation of the Resource Consultant Model

After the resource consultant model has been implemented, there is a need to evaluate the effectiveness of the program in meeting the needs of mildly

behaviorally impaired students and the needs of the school. Figure 3 provides a listing of variables within the resource consultant model and means for gathering data to support the achievement of the variables. The figure should not be considered to be exhaustive in detailing of evaluation questions but should be considered to be a representative sample to provide direction for educators interested in determining the effectiveness of resource consultant models in rural schools.

Summary

Many unique concerns affect the implementation of program to serve behaviorally impaired students in rural schools. Geographical isolation, population density and limited fiscal resources are constraints which cannot be readily alleviated. Models of program delivery need to take into account these problems. The resource consultant holds excellent possibilities for serving the mildy behaviorally impaired student in rural schools. The resource consultant's success is contingent upon the acceptance and support of the school's administrative and teaching staff, the implementation of the program by the resource consultant, and an ongoing evaluation of its success in meeting the school district's needs. If implemented successfully, this approach model can expand the skills of classroom teachers and facilitate the adjustment and progress of behaviorally impaired students.

Figure 3

Evaluation of Consultation Services

Variable	Measurement
1. Administrative Support: Facilities, Staff time, Policies	1. Review of adequacy through: checklists, amount of time, written policies, administrator's comments
2. Teacher initiated modifications (contributions to consultation interview)	2. Anecdotal record of contacts
3. Time spent in consultation as time in direct service	3. Time and activity log
4. Number of teacher contacts/ availability for consultation	4. Anecdotal record of contacts/ decisions
5. Teacher perception of the value of consultation	5. Survey of teacher perceptions
6. Implementation of strategies	6. Classroom observations and teacher report
7. Student progress toward objectives	7. Student assessment against IEP or class objectives. Regularly scheduled progress report (written or oral)
8. Maintenance of BI students in regular classroom	8. Periodic review of child placement
9. Attitude of teachers toward BI students	9. Survey of teachers Teacher comments Acceptance of new students Anecdotal records
10. Staff development activities with staff	10. Teacher attitude survey Pre-posttesting Observation of teacher Number of activities

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A Series of Reactions

A Reaction by:

Vivian Elliott
Teacher
Panhandle Mental Health Center
Scottsbluff, Nebraska

In general I agree with the possibilities outlined in this paper as being realistic. Most of the advantages and disadvantages mentioned I have experienced or been aware of from the viewpoint of a teacher of behaviorally impaired students. However, the paper is aimed at dealing with the mildly handicapped behaviorally impaired student. Given this type of student and personnel lacking expertise in this area, failure to recognize or denial of the existence of a problem often persists. The problem, though frustrating, is manageable for the time being within the classroom. The question even arises, does it warrant special attention or services? The need for neighboring districts to band together for a common cause for these students is not likely to seem urgent. Schools after all have many, many pressing problems demanding attention. Working with other districts for any purpose requires more time and energy, especially initially, than working alone. Besides, who is responsible for initiating the exploring of such a program.

Interestingly enough, here in far western Nebraska a local group made up of personnel responsible for serving special education students from several districts did find it a pressing need to unite for a common cause when the services for more severely disabled behaviorally impaired students were discontinued temporarily. They are making their needs for continued services known. Because this group is made up of knowledgeable and concerned people, I am quite optimistic that in these districts the behaviorally impaired students of whatever severity will, in the near future, be served much more adequately than ever before. Once started, this group is determined to find a way to provide the services they see as necessary. Although it is likely that once a program is established, all sizes of school districts in the area will benefit, districts serving over 500 students and having more available expertise in dealing with behaviorally impaired students are providing the primary leadership in actively seeking ways to meet their needs for services.

If this paper is to be used to help school administrations or school boards see ways that they can plan to serve the behaviorally impaired students, and they are not likely to have extensive expertise in special education, then there are some points that probably should be expanded or clarified.

It is probably true that many schools will expect either a teacher or consultant to serve

several specialties. It is stated that the presenting problems of behaviorally impaired, specific learning disabled, and mildly mentally retarded do not differ significantly. Without further comment, it seems an unstated assumption that therefore they need the same treatment. With this I do not agree. They may all be reacting similarly to a world they do not comprehend, but ways to help them better understand depends on treating the causes, not the symptoms. The causes are often not similar at all. I have no apprehensions about having a teacher or consultant who understands all these areas having such a mixture. My concern is that someone having expertise in one of these areas would automatically be expected to know how to serve the others as well.

It would be hard to overemphasize the importance of the commitment of the school administration on the success of the program. They can give support by: (1) aiding the consultant in quickly becoming acquainted with the resources and professionals available in the community; (2) allowing time to explain general functions of the program and consultant whether through inservice or some other means; (3) helping consultants find teachers who are likely to be enthusiastic and successful with the program to initiate the program and thus encourage an aura of teacher acceptance from the very beginning; (4) being willing to free teachers from the classroom for time to plan, consult and evaluate with the consultant and set goals and evaluate with the consultant and student involved.

If the program is successful, the regular classroom teacher will likely become a bigger asset to the school, better able to serve her regular as well as special students. As she learns to observe and record for her special students, she will likely develop a greater overall awareness of her students in general--even though at first concentration on one or a few students may decrease her awareness of others. She will likely recognize symptoms earlier. Implementing corrective strategies at an earlier stage is usually easier and more successful. She will likely learn to clarify her expectations, both academic and behavioral, for her students. Setting goals and evaluating progress is another area that is likely to carry over into the classroom in general.

I feel this is a model that if implemented could improve services in many communities across the state. Initiating such a program and finding properly trained resource consultants are likely to be the factors keeping the program from happening. The position of resource consultant, as outlined in various forms in this paper, would be an exciting and demanding job, requiring much flexibility and spontaneity. It would require not only expertise in dealing with the presenting problems of the students, but also finding successful ways to deal with students, teachers, parents, administration, and a cross section of other professionals, as well as these people

in various combinations as groups.

In this locality, students with other handicapping conditions are being serviced under programs similar to the one described in this paper. Why not the behaviorally impaired student? Perhaps it is time that we take it upon ourselves to see that those who make the decisions realize the necessity of the services, and also help them find the resources necessary.

A Reaction by:

Jackie Kelsey
Behavior Strategist
North Platte Public Schools
North Platte, Nebraska

This paper was interestingly complete and comprehensive in describing the resource consultant model I've been implementing in the North Platte Public Schools for the past two years. My job description was developed to meet the needs of the behaviorally impaired in the right public elementary schools with a total enrollment of 2,600 students (grades K-6). Our city population is currently near 25,000. My position of Behavioral Adjustment Strategist involves a combination of all three consultation models (purchase of expertise, doctor-patient, process) and the listed advantages and disadvantages of each were quite accurate. The three essential elements for successful implementation were right on target and we are still attempting to modify and perfect our approaches to them.

The reminder of the value of demonstration teaching as a technique for assisting classroom teachers was taken seriously. This method is one I've seldom used but found to be most effective on the few occasions that it was used. Another helpful suggestion derived from the paper was the policy of presenting classroom teachers as well as administrators with a written description of expectations or their role in the implementation of the program. We've done this informally through inservice and faculty meetings, but individual interpretation of what was said has led to some confusion and inconsistency from school to school. The more formal and written approach may help to clarify some of the discrepancy in policy.

A careful study of the issues discussed in this paper are very important to any rural school district, town or city which is attempting to provide services to the behaviorally impaired on a minimal budget or who prefer a mainstreaming approach rather than contained BI classrooms. Educating all handicapped students in the least restrictive environment is the goal of our Special Services Department. The resource consultant model has allowed one behavioral strategist to serve a total of 85 cases during the 1980-81 school year (the first year of implementation), and a total of 63 cases as of February 1 during the 1981-82

school year.

Due to the policy of no self-contained classrooms for BI students in North Platte, providing services to students with moderate to severe behavioral and emotional impairments becomes a unique problem to the resource consultant. The only alternative is to become well informed on support facilities within the community and throughout the state of Nebraska. Community support systems are readily accessable to the strategist, but state facilities are few in number and quality for elementary age students. The Nebraska Diagnostic Center in Cozad, Nebraska has proven to be an economical and reliable support system, but does not provide long-term treatment. In light of this problem, the Support System Project then becomes a most valuable tool to the resource consultant in the rural area.

A Reaction by:

Deborah Maybry-Strong
Teacher
Lincoln Public Schools
Lincoln, Nebraska

I began reading Dr. Stan Vasa's paper from the standpoint of an urban teacher who had very little past experience with rural area special education programs. I found it to be interesting, informative and concise.

Dr. Vasa briefly explained the problems experienced by rural schools in respect to special education programs. Many of the problems are unique to the rural school because of geographical location and size (staff, building, student population). On the other hand, there are problems that are shared by rural and urban special education problems. It appears that Dr. Vasa is quite familiar with the advantages and disadvantages of rural special education programs and thus was able to thoroughly examine the pros and cons of each of the mentioned resource consultation models.

I think the paper is helpful in realistically presenting aspects of rural programs and the roles that the different resource teacher models can take. In the state of Nebraska, with the large number of rural school districts, this is a very important and relative topic. As an instructor in an urban school district in Nebraska, I am not aware--and perhaps should be--of all of the steps being taken within this state to deal with the delivery of special education services to rural districts.

A Reaction by:

Carol McClain
Director of Special Programs
Beatrice Public Schools
Beatrice, Nebraska

After a number of false

starts and one unsatisfactory completion of a response to Dr. Vasa's article, I have concluded that my difficulties are due to two aspects of the content of the article. First, the problems raised regarding the provision of services for rural behaviorally impaired students are answered with one solution - the provision of a resource teacher. Secondly, the three models for resource teacher/classroom teacher consultation are those that have been explored by Dr. Vasa and others in various special education fields (SLD, ED, EMH, etc.) through articles and inservices for the past several years. Therefore, I have experienced a good deal of difficulty in generating any strong reaction to Dr. Vasa's comments given the scope and uniqueness of his statements, except to say, "Ho hum."

As an "itinerant" and "stationary" resource teacher, I found that the most successful consultation method in one situation was a failure in the next. The best approach was to become proficient in several models of consultation and use them with flexibility and variety to fit each situation. Dr. Vasa's models are proven successes, but have been in practice for six or seven years.

The suggestions in the article may provide a somewhat useful summary for new practitioners or teachers who have been in the field for a number of years and need a refresher on alternative procedures. But for the rural consultant who takes advantage of university courses, inservices and peer support contacts, the procedures outlines are a part of everyday survival skills.

The issue of administrative support is probably the paramount concern of rural consultants. A program's success (and the consultant's reputation) rests on the degree of support, or lack thereof, given by the school administration. The administrator who does not take a stand regarding the BI program has made a profound statement to the school staff as to his attitude. Regardless of how well a consultant handles the BI program, the chances of its succeeding are nil unless the school administration takes an active, supportive role on behalf of the consultant's activities. To develop this administrative support, the solutions posed by Dr. Vasa in designing a good consultation model can be employed: education, involvement and personal trust.

In Nebraska, the Association of Special Education Supervisors (NASES) was formed to help meet the need to involve administrators in special education. NASES has served to develop a network of support for special education services across the state by providing information and education to administrators. One difficulty faced by NASES is the variety of concerns highlighted by the larger, eastern school districts, compared to the priorities of smaller, "outstate" schools. This may not be unique to Nebraska, but it has sometimes clouded the perception of statewide needs on the part of the State Department of Education.

The State Education Training Series (SETS) has given rural

Nebraska educators some opportunities to secure more training in the area of behavioral impairments. Offered in various locations across the state, experienced instructors provide courses for college credit and professional growth. As opposed to the "dog and pony shows" Dr. Vasa berates, SETS classes offer more depth and intellectual challenge than is possible in a two-hour inservice speech. Based on my experience with training programs such as SETS, I believe Nebraska's rural teachers are curious and inventive, but they are also threatened when a BI student confronts them with challenges that force them to examine their teaching styles and disciplinary procedures. The rural classroom teacher is willing to drive 100 miles for training, but susceptible to resentment if there is no emotional and philosophical support from staff and administrators when they return to their local school. Rural BI consultants have the same needs for updating their skills and locating a support group of other BI professionals. In the future, facing the rising economic situation, these consultants and trained classroom teachers are likely to become even more geographically scattered. An information and support network for teachers and consultants will become a vital concern, perhaps employing telephone, computer and videotape communication as a solution. The framework for this network needs to be formulated soon, in order to be refined to provide maximum assistance when it is crucially needed in the future.

Dr. Vasa has reviewed the problems confronting rural special education, and his solution has been to offer several time-tested models for BI consultation with classroom teachers, and provide some valid criticisms of inservice. Dr. Vasa and his colleagues must provide some new alternatives for dealing with rural problems if they are to maximize their roles in the leadership of special education. We must all break out of the molds of precedence and brainstorm some creative solutions to the future provision of BI services because the old answers are wearing thin with the tread of time.

A Reaction by:

Georgia McQuistan
Resource Teacher
ESU #1
Wakefield, Nebraska

I am employed by Educational Service Unit #1, which is comprised of five rural counties in northeastern Nebraska. My comments can be condensed into several brief statements.

The author does not address specific issues of delivery of service to behaviorally impaired students, rather the issues addressed pertain more to mildly handicapped students. This should be reflected in the title.

The use of a resource consultant as an inservice provider is questionable. The consultant

should be viewed as an integral part of the program staff for whom the inservice is provided. The consultant should be considered as more like, than not like the regular teaching staff.

In the doctor-patient model, the questioning of the classroom teacher by the consultant (concerning variables, behavior, classroom structure, techniques, etc.) is a good idea, but it must be handled with extreme care. Sometimes, the purpose can be defeated in the process.

The importance of administrative support needs to be emphasized even more. Further, the importance and necessity of administrative leadership was not even mentioned in the article.

As stated by the author, the demonstration of teaching strategies for the regular classroom teacher by the resource consultant is an often overlooked technique.

A Reaction by:

Dr. Phil Meager
Principal
Milford Elementary School
Milford, Nebraska

This paper does address important issues for those individuals who have little knowledge of special education; however, it would be helpful to present more application material in the content. If the paper is intended for students in an introductory level course as an orientation to the field, then it provides a good basic overview. But, if it is intended for veteran teachers, it is repetitious and offers little new information. Documentation from the literature was weak. Lists of advantages and disadvantages were overlapping in some instances.

Specific problems in Nebraska basically relate to the low incidence population of behaviorally impaired students. It is impossible for most rural school districts to justify hiring a special behaviorally impaired teacher. The purchase of expertise model is probably the most widely used for the reasons listed in the paper. Perhaps the idea of pooling students who need more extensive services outside the regular classroom could have been explored further. Several districts could go together to hire a teacher of behaviorally impaired students.